



Published on AIDSFree (<https://aidsfree.usaid.gov>)

[Home](#) > [Resources](#) > [AIDSFree Guidance Database](#) > [HIV/TB Co-Infection Guidance Database](#) >

Zimbabwe

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details by patient population. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be found below the jump links for download.

Patient Population [Download summary page as PDF](#) [E-mail this page](#)

Suggest Updates

- [Adults & Adolescents](#)
- [Children](#)

Adults & Adolescents

Year Issued:

2013

Reference:

Guidelines for Antiretroviral Therapy for the Prevention and Treatment of HIV in Zimbabwe

Screening for PLHIV for TB Every Visit? (Y/N) (Intensified Case Finding):

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

Currently recommended for all people living with HIV in areas with a prevalence of latent TB infection >30%, and for all people living with HIV with documented latent TB infection or exposure to an infectious TB case, regardless of where they live. Current challenges to the National TB Programme and National OI/ART Programme make programmatic institution of IPT not recommended at this time in Zimbabwe as public health policy.

Given the clear benefit of IPT to PLHIV, national TB and OI/ART programmatic scale up to meet these requirements in Zimbabwe would be pursued. Isoniazid Preventive Therapy: (6 to 9 months of isoniazid without other anti-TB medicines) (National Guidelines for TB/HIV Co-Management, 2010)

Criteria for Starting TB Prophylaxis Among Unknown TB-Exposed PLHIV:

Currently recommended for all people living with HIV in areas with a prevalence of latent TB infection >30%, and for all people living with HIV with documented latent TB infection or exposure to an infectious TB case, regardless of where they live. Current challenges to the National TB Programme and National OI/ART Programme make programmatic institution of IPT not recommended at this time in Zimbabwe as public health policy.

Given the clear benefit of IPT to PLHIV, national TB and OI/ART programmatic scale up to meet these requirements in Zimbabwe would be pursued. Isoniazid Preventive Therapy: (6 to 9 months of isoniazid without other anti-TB medicines) (National Guidelines for TB/HIV Co-Management, 2010)

Criteria for Starting: ARV 1st Line Regimen:

Adolescents (10-19 years) ≥ 25kg Adults including pregnant & breastfeeding women, TB/HIV, HBV/HIV

All people living with HIV with active TB disease, irrespective of CD4 cell count and the site of TB disease, should be initiated on ART as soon as practicable

Patients with TB who are not yet on ART:

- ART should be started at least two weeks after the start of TB treatment.

TB/HIV co-infected patients with severe immunosuppression such as CD4 count less than 50 cells/mm³:

- Should receive ART early i.e. within the first 2 weeks of initiating TB treatment.

Patients who develop TB when already on ART:

- Treat TB as per national TB guidelines.
- TDF + 3TC + EFV

Alternative Regimens:

- TDF + 3TC + NVP
- AZT + 3TC + EFV/NVP
- TDF + FTC + EFV/NVP

ARV 2nd Line Regimen:

Same NRTI backbone as recommended for adults and adolescents plus double dose LPV/r (800mg/200mg BD)

If TDF was used in first line ART:

- AZT + 3TC + LPV/r (double dose)

If AZT was used in first line ART:

- TDF + 3TC + LPV/r (double dose)

Children

Year Issued:

2010

Reference:

National Guidelines for TB/HIV Co-Management

Screening for PLHIV for TB Every Visit? (Y/N) (Intensified Case Finding):

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

Currently recommended for all people living with HIV in areas with a prevalence of latent TB infection >30%, and for all people living with HIV with documented latent TB infection or exposure to an infectious TB case, regardless of where they live.

Consideration for isoniazid prophylaxis after the exclusion of active tuberculosis should be made in accordance with National TB Control Programme Guidelines, especially for infants born to a mother with sputum positive TB.

Criteria for Starting TB Prophylaxis Among Unknown TB-Exposed PLHIV:

Currently recommended for all people living with HIV in areas with a prevalence of latent TB infection >30%, and for all people living with HIV with documented latent TB infection or exposure to an infectious TB case, regardless of where they live.

Consideration for isoniazid prophylaxis after the exclusion of active tuberculosis should be made in accordance with National TB Control Programme Guidelines, especially for infants born to a mother with sputum positive TB.

Criteria for Starting: ARV 1st Line Regimen:

Children

ART should be deferred for 2 to 8 weeks in children starting anti-TB treatment who have not yet started ARVs (e.g., ARV “naive” patients).

In HIV-infected children who are not yet on ART:

WHO clinical stage 4 (extra-pulmonary TB other than lymph node TB) and 3 (pulmonary and lymph node TB):

- Start ART treatment soon (2 to 8 weeks) after the start of anti-TB treatment

If mild or no immunodeficiency and the child is stable:

- May delay start of ART until anti-TB treatment is completed.

Children Younger than 3 years

Recommended ART Regimens for Children who Develop TB before commencement of ART:

- 2 NRTIs and (1) increased dose nevirapine (the patient must be closely monitored for drug reactions)
- or (2) switch to boosted LPV/r (if available). Recommendations for Children who Develop TB while on ART: If on nevirapine and under 3 years old, or weighs less than 10kg: switch to boosted Lopinavir/Ritonavir (if available).

Children 3 years and above

Recommended ART Regimens for Children who Develop TB before commencement of ART:

- 2 NRTIs + efavirenz. Recommendations for Children who Develop TB while on ART: If on nevirapine and 3 years or older, weighing over 10 kg: switch to efavirenz.

Following completion of anti-TB therapy, it is preferable to remain on the ART regimen to which the patient was previously switched. Because recommendations on combinations of anti-TB drugs and antiretroviral drugs are frequently revised, it is advisable to obtain the most recent information from the WHO website (<http://www.who.int/hiv/mediacentre>), or the website of the United States Centers for Disease Control and Prevention (<http://www.cdc.gov/nchstp/tb/>).

Source URL: <https://aidsfree.usaid.gov/resources/guidance-data/hiv-tb/zimbabwe>